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W2145471 - FOZ145440

PERSONNEL INVESTIGATION

SUPERVISORS REPORT ON USE OF FORCE

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 - Supplemental Report by Deputy Supplemental Report by Deputy Gentner
 - Supplemental Report by Deputy Plunkett
 - •
 - Supplemental Report by Deputy
 - Supplemental Report by C.A. Acosta
 - Supplemental Report by Deputy Brodie
 - Supplemental Report by Deputy Morrales
 - Supplemental Report by C.A.
 - Supplemental Report by Senior Deputy Armas
 - Supplemental Report by Sergeant Bottomley
- B. Sheriff's Department Inmate Injury Report
 - Medical Records Inmate
- C. Compact Disk (Copy of the 8 mm MP Video Tape) of Inmate Interview by the MCJ Watch Commander.
- D. Digital Photographs of Deputy Mailloux, Inmate and Location of Incident (Compact Disk with Additional Photographs Included)
- E. Historical Criminal Information Regarding Inmate

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- MCJ, PM Shift In- Service
- Administrative Rights
 Request for Administrative Investigation

DATE:

September 20, 2005

OFFICE CORRESPONDENCE

FILE:

FROM:

JOHNNY G. JURADO, COMMANDER LEADERSHIP & TRAINING DIVISION

· ·

TO: JOHN H. CLARK, CAPTAIN MEN'S CENTRAL JAIL

SUBJECT:

EXECUTIVE FORCE REVIEW COMMITTEE FINDINGS AND RECOMMENDATIONS USE OF FORCE, APRIL 29, 2005, INVESTIGATION IV#2145471 / FO 2145440

The purpose of this memo is to notify you of the review committee's findings and recommendations concerning the use of force incident which occurred on April 29, 2005.

The Committee met on September 15, 2005, and consisted of myself and Commanders Kenneth Brazile (Commander of the Department), Eric Smith (Leadership and Training Division) and Robert Binkley (FOR III).

The Committee deemed:

- as Founded the allegation that Deputy Daniel Mailloux # violated the
 Department's Manual of Policy and Procedure Section(s) 3-01/025.10:
 Unreasonable Force and/or 3-01/050.10: Performance to Standards (punching inmate after handcuffing), and
- as Founded the allegation that Deputy Daniel Mailloux # violated the
 Department's Manual of Policy and Procedure Section(s) 5-09/430.00: Use of
 Force Reporting and/or 3-01/050.10: Performance to Standards (notifying
 supervisor), and
- as Founded the allegation that Deputy Daniel Mailloux # violated the Department's Manual of Policy and Procedure Section(s) 3-01/025.10: Unreasonable Force and/or 3-01/050.10: Performance to Standards (extensive injuries), and
- as Founded the allegation that Deputy Daniel Mailloux # violated Department's Manual of policy and Procedure Section(s) 3-01/030.10: Obedience to Laws, Regulations and Orders as it pertains to 5-09/430.00: Use of Force Reporting and/or 3-01/050.10: Performance to Standards (extensive injuries), and
- as Founded the allegation that Deputy Daniel Mailloux # violated the
 Department's Manual of Policy and Procedure Section(s) 3-01/040.70, False
 Statements (re: to investigators) and/or 3-01/050.10, Performance to Standards.

The Committee recommended that Deputy Mailloux be suspended for a period of **fifteen** (15) days with loss of pay and benefits from the position of deputy sheriff.



County of Los Angeles Sheriff's Department Headquarters 4700 Ramona Boulevard Monterey Park, California 91754-2169



January 29, 2006

Deputy Daniel Mailloux, #	

Dear Deputy Mailloux:

On November 23, 2005, you were served with a Letter of Intention, indicating your right to respond to the Sheriff's Department's pending disciplinary action against you, as reported under File Number IAB 2145471. You were also advised of your right to review the material on which the discipline was based.

You did exercise your right to respond. However, you withdrew your grievance at Step One of the grievance process.

Therefore, you are hereby notified that you are suspended without pay from your position of Deputy Sheriff, Item No. 2708A, with this Department for a period of fifteen (15) days effective January 30, 2006 through February 13, 2006.

An investigation under File Number IAB 2145471, conducted by Internal Affairs Bureau, coupled with your own statements, has established the following:

- 1. That in violation of Manual of Policy and Procedures Sections 3-01/025.10, Unreasonable Force and/or 3-01/050.10, Performance to Standards, on or about April 29, 2005, while in the presence of three additional deputy sheriffs, you used unreasonable force by punching Inmate multiple times, in the face, after Inmate was handcuffed. Thus, you failed to conform to the work standards established for your rank of Deputy Sheriff.
- That in violation of Manual of Policy and Procedures Section 3-01/030.10, Obedience to Laws, Regulations and Orders (specifically as it relates to Custody Division Manual section 5-05/090.00, Escorting Procedures for Combative or Uncooperative Inmates; and/or Men's Central Jail Order 5-03-001, Confrontations with Hostile or Aggressive Inmates), on or about April 29, 2005, after your

altercation with Inmate you attempted to escort the inmate to the medical clinic, thus failing to follow Department procedures, such as, but not limited to:

- When practical, deputies involved in a significant use of force incident shall not transport the prisoner for medical treatment.
- As soon as practical and safe, hostile, aggressive or potentially violent inmates SHALL be taken to the floor control booth where benches are provided and the inmate(s) can be secured.
- Time permitting, every effort should be made to contact the floor or area sergeant and await their arrival to the scene.
- Inmates who are uncooperative and combative, or have a history of making false allegations, shall be escorted by two Department members, one member being a supervisor. The movement shall be video taped.
- Personnel involved in an incident/altercation with a recalcitrant, uncooperative, or combative inmate shall not be part of the escorting team.
- 3. That in violation of Manual of Policy and Procedures Sections 3-01/050.10, Performance to Standards and/or 3-01/030.10, Obedience to Laws, Regulations and Orders (specifically as it relates to Manual section 5-09/430.00, Use of Force, Reporting and Review Procedures), on or about April 29, 2005, you failed to make an immediate verbal notification to your immediate supervisor after you used force upon Inmate to wit, punching Inmate in the face multiple times, thereby failing to conform to the work standards established for your rank or position.

Prior to imposing this disciplinary action, I have thoroughly reviewed the incident and your record with this Department.

You will hereby take notice that any future acts of misconduct may result in more severe disciplinary action.

You may appeal the Department's action in this matter pursuant to Rules 4.02, 4.05, and 18.01 of the Civil Service Rules.

Within fifteen (15) business days from the date of service of this notice of suspension, you may request a hearing on these charges before the Los Angeles County Civil Service Commission, 222 North Grand Avenue, Los Angeles, California 90012.

The Sheriff's Department reserves the right to amend and/or add to this letter.

Sincerely,

LEROY D. BACA, SHERIFF

Original Signed

John H. Clark, Captain Commander, Men's Central Jail

Note: Attached for your convenience are excerpts of the applicable areas of the Manual of Policy and Procedures. and Civil Service Rules.

JHC:KM:tm

c: Advocacy Unit
Sammy L. Jones, Chief, Custody Operations Division
Internal Affairs Bureau
Personnel Administration
Office of Independent Review (OIR)
Men's Central Jail/unit Personnel File



County of Los Angeles Sheriff's Department Keadquarters 4700 Ramona Boulevard Monterey Park, California 91754-2169



November 23, 2005

Deputy Daniel Mailloux, #	

Dear Deputy Mailloux:

You are hereby notified that it is the intention of the Sheriff's Department to suspend you without pay from your position of Deputy Sheriff, Item No. 2708A, with this Department for a period of fifteen (15) days.

An investigation under File Number IAB 2145471, conducted by Internal Affairs Bureau, coupled with your own statements, has established the following:

- 1. That in violation of Manual of Policy and Procedures Sections 3-01/025.10, Unreasonable Force and/or 3-01/050.10, Performance to Standards, on or about April 29, 2005, while in the presence of three additional deputy sheriffs, you used unreasonable force by punching Inmate multiple times, in the face, after Inmate was handcuffed. Thus, you failed to conform to the work standards established for your rank of Deputy Sheriff.
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 - When practical, deputies involved in a significant use of force incident shall not transport the prisoner for medical

treatment.

- As soon as practical and safe, hostile, aggressive or potentially violent inmates SHALL be taken to the floor control booth where benches are provided and the inmate(s) can be secured.
- Time permitting, every effort should be made to contact the floor or area sergeant and await their arrival to the scene.
- Inmates who are uncooperative and combative, or have a history of making false allegations, shall be escorted by two Department members, one member being a supervisor. The movement shall be video taped.
- Personnel involved in an incident/altercation with a recalcitrant, uncooperative, or combative inmate shall not be part of the escorting team.
- 3. That in violation of Manual of Policy and Procedures Sections 3-01/050.10, Performance to Standards and/or 3-01/030.10, Obedience to Laws, Regulations and Orders (specifically as it relates to Manual section 5-09/430.00, Use of Force, Reporting and Review Procedures), on or about April 29, 2005, you failed to make an immediate verbal notification to your immediate supervisor after you used force upon Inmate to wit, punching Inmate in the face multiple times, thereby failing to conform to the work standards established for your rank or position.

Prior to determining this disciplinary action, the Executive Force Review Committee and I have thoroughly reviewed the incident and your record with this Department.

You have the right to grieve this disciplinary action within ten (10) business days of receipt of this letter. Your grievance procedures may be found in your classification's negotiated Memorandum of Understanding.

Failure to respond to this Letter of Intent within ten (10) business days will be considered a waiver of your right to grieve and will result in the imposition of this discipline indicated herein.

You may receive a copy of the material on which the discipline is based by contacting Tajuana Moore of the Internal Affairs Bureau at and arranging an

appointment during the ten (10) day period in which you may respond.

The Sheriff's Department reserves the right to amend and/or add to this letter.

Sincerely,

LEROY D. BACA, SHERIFF

Original Signed

John H. Clark, Captain Commander, Men's Central Jail

JHC:KM:tm

c: Advocacy Unit Employee Relations Unit Sammy L. Jones, Chief, Custody Operations Division Internal Affairs Bureau Office of Independent Review (OIR) (File # IAB 2145471)

Los Angeles County Sheriff's Department Survisor's Report on Use of Page 1 or Page 1 of 4

·		Inc	ident i	nformation					
URN:	005-00593	-5100-145		Date:	04-	-29-2005	Time:	1850)
Location:		Men's Central.	Jail, 44	l Bauchet Stre	eet, Los	Angeles, 9001	12		
City or Station:				Los Ange	eles				
Bureau/Station/	/Facility:	Corrections Service	ces Div	ision, MCJ		Admin. In	vestigation:	YES 🏻	№□
		Em		Witnesses					
Emp. #	Last Name	NKETT	First	Name	TAI		Middle Name	1	
Emp. #	Last Name	NTER	First	Name	CILIA		Middle Name)	
Emp. #	Last Name	OSTA	First	Name	IARY		Middle Name)	
	AC		mplov	ee Witness					
Last Name	NONE	First Name			Middle N	lame		Age	D.O.B.
Street Address	VOINE		City			Zip Code	Work Ph.	Home I	Ph.
Last Name		First Name	1		Middle N	lame		Age	D.O.B.
Street Address			City			Zip Code	Work Ph.	Home	Ph.
Last Name		First Name	L		Middle N	lame	<u> </u>	Age	D.O.B.
Lastivanio									
Street Address			City			Zip Code	Work Ph.	Home	Ph.
		On	Duty :	Supervisor					
Emp. #	Last Name	First Name		Middle Name		Rank	Present		to Incident
	BOTTOMLEY	RONALD First Name		G Middle Name		Sgt.	Present		to Incident
Emp. #	Last Name ARMAS	MANUEL	,	Wildule IVallie		SR.Dep	∕ES 🗌 NO 🛭	☑ YES □	ио 🏻
		V	Vatch	Sergeant					
Emp. #	Last Name	SAC	First	Name GF	EORGE		Middle Name	e L.	
	Tie		itch C	ommander	22.02				
Emp. #	Last Name	UILA		Name	LBERT		Middle Name	Э	
	I Au	C LLA X					<u> </u>		
Watch Commar	nder's Signature: _	J	OHN V	V. HARRIS			Emp #:		
Copy Provided	to Employee by: _					w	Emp #:		
Supervisor Com	poleting Form:	·					Emp #:		
Supervisor Con	ipiding Form		Print)				-		
Unit Commande	ers Signature:					Emp#	: D	ate Signed	d:
FO# 21+	TD Use Only							Jnit Comma P.S.T.D.Hea Employee	

SH-R-438 Rev. 10/98

Supervisor's Report on Use of Force

005-00593-5100-145

Page 2 of 4

(WR) Wrist

Method		
Menioa		(DO) D (114) (Otto)
(AW) Arwen	(FH) Firearm (Handgun)	(PO) Personal Weapon (Other)
	` , ` • ,	(RS) Resistance
(BC) Baton: (Control)	(FR) Firearm (Rifle)	(NO) Nesistance
	(EC) Eironem (Chotaun)	(CN) Restraint Device (Capture Net)
(BI) Baton: (Impact)	(FS) Firearm (Shotgun)	(CN) Restraint Device (Captare Not)

(RH) Restraint Device (Handcuffs) (FO) Firearm (Other) (BF) Bodily Fluids (HB) Restraint Device: Hobble (Legs Only) (FB) Flashbang (CN) Canine (FL) Flashlight (TP) Restraint Device: Hobble (TARP) (CR) Carotid Restraint (RE) Restraint Device: REACT Belt (OÉ) Other Weapon: Edged (CH) Choke Hold

(OV) Other Weapon: Vehicle (SP) Sap (CT) Control Holds: (Control Techniques) (SH) Shield (OB) Other Weapon: Blunt Object (TT) Control Holds: (Team Takedown) (SG) 37mm Stinger (OO) Other Weapon: Other (TD) Control Holds: (Takedown) (SB) Sting Ball (PK) Personal Weapon: Feet/Leg: (Kick) (CE) Chemical (OC) Chemical Agents (OC Spray) (PS) Personal Weapon: Feet/Leg: (Sweep) (ST) Stun Bag

(PH) Personal Weapon (Hand/Arm) (TR) Taser (TG) Chemical Agents (Tear Gas) (PP) Personal Weapon (Push) (UC) Uncooperative (EX) Explosives

Type of	Injury					Body	y Part Injur	red			
	rasion	(DB)	Dog Bite	(PA)	Paralysis	(AD)	Abdomen	(FA)	Face	(HI)	Hip
(- ·)		(FR)	Fractures	(PW)	Puncture Wound	(AK)	Ankle	(FE)	Feet	(IN)	Internal
(BU) Bu			Gunshot	` '	Soft Tissue Damage	(AR)	Arm	(FI)	Fingers	(KN)	Knees
()	omplaint of Pain	, ,	Human Bite	` '	Sprain/Twists	(BK)	Back	(GE)	Genitals	(LE)	Leg
	oncussion	` '	Lacerations	(UN)	Unconscious	(BT)	Buttocks	(GR)	Groin	(NK)	Neck
` '		\— - /	Nerve Damage		Refused Med Treatment	(CH)	Chest	(HD)	Hands	(NO)	Nose
(,			Organ Damage	` ,	NONE	(EL)	Elbow	(HE)	Head	(SH)	Shoulder
(DI) Dis	Siocation	(OD)	Organ Damago	(,,,,,)	110112	(,		, ,		MACO	14/-:-4

FORCE APPLIED

(Only One Code Per Block)

ONOL ALL LILD							
Used By (E# or S#)	Used Against (E# or S#)	Method (Code)	Type of Injury (Code)	Body Part (Code)			
S#1	E#1	PH	BR	FA			
S#1	E#1	PK	CP				
S#1	E#1	PH	NN	NN			
S#1	E#1	RS		NN			
S#1	E#1	UC		NN			
E#1	S#1	TD	NN				
E#1	S#1	PP	AB	FA			
E#1	S#1	PH	AB	FA			
E#1	S#1	PH	FR	FA			
E#1	S#1	PH	LC	FA			
E#2	S#1	CT	NN	AR			
E#3	S#1	СТ	NN	AR			
E#4	S#1	CT	NN	FE			

Supervisor's Report on Use of Force INVO VED EMPLOYEE INFORMATION

ſ	URN: 005	-00593-51	00-145				Р	age_3_of_4_	
i	Involved Employee								
	Employee # La	st Name		First N	Name			Middle Name	
E1	Ziiipioyee ii		MAILLOUX			ANIEL		R.	
	Sex:	Race:	Unit of Assignment:		Work	Assignme	nt (Uı	nit #, Module, etc.):	
	Male Female	W	Men's Cen	tral Jail			6000		
	Shift:	N .	- OL:6		Age:	Height:		Weight:	
	☐ EM ☐ Day ☒ PN	<u></u>	egular Shift 🔲 OT Shif			5' 09"		200	
	Medical Exam/Treatment		mitted, Name of		Corone	er Case #		ected Force ificant Force	
	Wedical Example Todamon	· U Hos	oital:			į	Sigi		
E2	Employee # La	st Name		First I	Name _			Middle Name	
E2		Danes			Morle	Aggiggmag	nt (1 li	nit # Madula eta):	
	Sex:	Race:	Unit of Assignment:		VVOIK	Assignme	-	nit #, Module, etc.):	
	Male Female	W.	Men's Cen	trai Jali		Height:	6050	Weight:	
	Shift: ☐ EM ☐ Day ☒ PM	ı ⊠r	egular Shift 🔲 OT Shif	t Off Duty	Age:	5' 11"		260	
	L EW L Day M TW	<u>' </u>	Imitted, Name of		Coror	ner Case#		ected Force	
	Medical Exam/Treatment		pital:				1	nificant Force	
		st Name		First I	Name			Midd <u>le N</u> ame	
E3	Employee # La	isi Name		1 1131 1	Vario			Wildale Ivairie	
	Sex:	Race:	Unit of Assignment:		Work	Assignme	nt (U	nit #, Module, etc.):	
	Male Female	w.	Men's Cen	tral Jail		Clinic	MVT	DEP #1	
	Shift:				Age:	Height:		Weight:	
	☐ EM ☐ Day ☒ PM	ı 🛛 R	egular Shift 🔲 OT Shif	t [] Off Duty		6' 00"		155	
	Medical Exam/Treatment		nitted, Name of		Coro	ner Case#	1	rected Force	
	Medical Exami Treatment	☐ Hosp	ital:				21	gnificant Force 🔲	
F1	Employee # La	st Name		First I	Name			Middl <u>e N</u> ame	
E <u>4</u>					I VA/ o els	Assissmen	nt /I I	nit #, Module, etc.):	
	Sex:	Race:	Unit of Assignment:		VVOFK	Assignme	-		
	Male Female	Hispanic	Men's Cen	trai Jail	<u> </u>	Height:	Clini	C Weight:	
	Shift: ☐ EM ☐ Day ☒ PM	ı ⊠ R	egular Shift 🔲 OT Shif	t \square Off Duty	Age:	5' 05"	.	130	
					Cor	oner Case		irected Force	
	Medical Exam/Treatment	Hospi	al:		_	01101 04001		ignificant Force☐	
		st Name		Firet I	Name			Middle Name	
E_	Employee # La	Stivalle		1 11301	Marrio			Wilddle Harrie	
	Sex:	Race:	Unit of Assignment:		Work	Assignme	nt (U	nit #, Module, etc.):	
	☐ Male ☐ Female								
	Shift:				Age:	Height:		Weight:	
	☐ EM ☐ Day ☐ PM		egular Shift 🔲 OT Shif	t Off Duty		L			
	Medical Exam/Treatment		nitted, Name of		Corone	r Case#		Directed Force	
	Medical Exam/Treatment	L Hospi	al:	Maria			3	ignificant Force	
_	Employee# La	st Name		First	Name			Middle Name	
E_		Dane			Mork	Accianma	nt (II	Init #, Module, etc.):	
	Sex:	Race:	Unit of Assignment:		VVOrk	Assignine	יונ (ט	rint #, iviodule, etc.):	
	Male Female			T	Age:	Height:		Weight:	
	Shift: Day Day PM	R	egular Shift 🔲 OT Shif	t Off Duty	Age:	Holgina			
		If Adm	nitted, Name of	····	Con	oner Case	# TC	Directed Force	
	Medical Exam/Treatment	Hospit			001	Significant Force			

Supervisor's Report on Use of Force SUSPECT INFORMATION

URN: 005-00593-5100-145			
	URN:	005-00593-5100-145	

Page 4 of 4

	Suspect Information										
S_	Last Name	ame First Name Middle Name									
	AKA Last Name			First Nan	ne	Middle Name					
	Sex:		Street Address:			City:		State & Z	ip Code:		
		Hispanic		A	l la imbre			- i - lo to	A a dO		
	Work Phone:	Home Pho	one:	Age:	Height:	D.O.B.		eight: 40	Armed?		
	D	Primary C	harge:	28	5' 05" Secondary	Charge:			Listan		
	Booking #:				LCMC		Case#	Crimina F: Mental	History		
		Rec'd	Treatment At:	LCMC Coroner Case#: Mental History [
Under Influence: ☐ YES ☐ NO Substance: Photos of							ıries	X YES	☐ NO		
			Name of the last o	uspect Int	erview			0.55 AND 1	000000000000000000000000000000000000000		
	Date: 4-29-05		Time:		Audiotape:	☑ Videota _l	ре: 🔀]			
			Susp	ect Infor	mation						
S_	Last Name		Fir	rst Name			dle Nar				
	AKA Last Name			First Nar	ne	N	liddle N				
	Sex:	Race:	Street Address:			City:		State & Zip Code:			
	Work Phone:	Home Pho	one:	Age:	Height: D.O.B.		Weight: Arm		Armed?		
	Booking #:	harge:									
	Hospital Admission?	Rec'd	Treatment At:	ment At: Coroner Case#: Mental History							
	Under Influence: YES NO Substance: Photos of Suspect's Injuries YES								□ №		
	Suspect Interview										
	Date:		Time:		Audiotape:	Videota	ре: []			
			Susp	ect Infor	mation						
S_	Last Name		Fi	rst Name			dle Nar				
AKA Last Name First Name Middle						1iddle 1					
	Sex: Male Female	Race:	Street Address:		City:	State & Zip Code:					
	Work Phone:	Home Pho	one:	D.O.B. Weight: Arm							
	Booking #:	Primary C	harge:	Secondary Charge: Criminal History							
	Hospital Admission?		Coroner	Case	#: Mental	History					
	Hospital Admission? Rec'd Treatment At: Under Influence: Photos of Suspect's Injuries YES YES NO Substance:							□NO			
	154-2 1578-2 15 TO BAST	Company of the		uspect int	erview		5.3.	(4) (4) (4) (4) (4) (4) (4) (4) (4) (4)	Sar IV		
	Date:		Time:	Audiotape: Videotape:							